In accordance with 37 C.F.R. 1.8, I, Martin J. Jaquez, hereby certify that this correspondence and all its attachments are being deposited on **Monday, November 8, 2004** with the U.S. Postal Service with sufficient postage as First Class mail in an envelope addressed to Mail Stop AF, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Martin Joseph Jaquez   November 8th, 2004   11-08-2004

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

This paper responds within two months of the September 7, 2004 mailing date of an Office Action finally rejecting the subject application ("the current Final Office Action"). As the number and type of claims is unchanged, no excess claim fees are due and no calculation sheet is attached. Please amend the claims as proposed below, and consider the subsequent remarks.

Proposed amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective JANUARY, 2003

Application or Docket Number

09/632081

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	56 minus 20 =	
INDEPENDENT CLAIMS	5 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐   OR   OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	
X42		OR	X86	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

SMALL ENTITY   OR   OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X86 =	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X86 =	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X86 =	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.